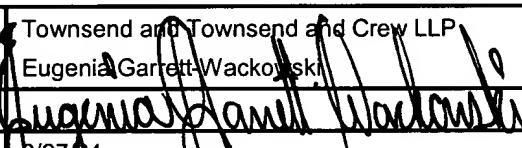
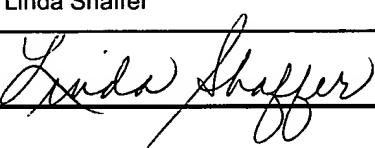




TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/520,476
		Filing Date	March 8, 2000
		First Named Inventor	Malik, Aslam A.
		Art Unit	1713
		Examiner Name	Marie L. Reddick
Total Number of Pages in This Submission	1	Attorney Docket Number	004906-013844

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard	
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP Eugenia Garrett-Wackowski	Reg. No. 37,330
Signature		
Date	8/27/04	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Linda Shaffer		
Signature		Date	8/27/04



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950)

Complete if Known	
Application Number	09/520,476
Filing Date	March 8, 2000
First Named Inventor	Malik, Aslam A.
Examiner Name	Marie L. Reddick
Art Unit	1713
Attorney Docket No.	004906-013844

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Fee from below		Fee Paid
			Extra Claims	Fee Paid	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

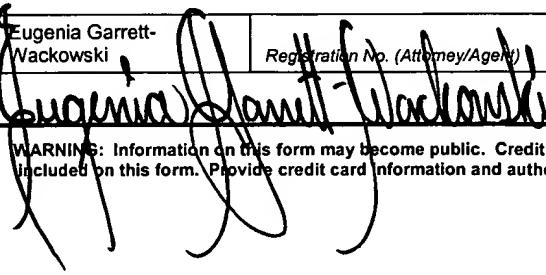
3. ADDITIONAL FEES					
Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)
	1051	130		2051	65
	1052	50		2052	25
	1053	130		1053	130
	1812	2,520		1812	2,520
	1804	920*		1804	920*
	1805	1,840*		1805	1,840*
	1251	110		2251	55
	1252	420		2252	210
	1253	950		2253	475
	1254	1,480		2254	740
	1255	2,010		2255	1,005
	1401	330		2401	165
	1402	330		2402	165
	1403	290		2403	145
	1451	1,510		1451	1,510
	1452	110		2452	55
	1453	1,330		2453	665
	1501	1,330		2501	665
	1502	480		2502	240
	1503	640		2503	320
	1460	130		1460	130
	1807	50		1807	50
	1806	180		1806	180
	8021	40		8021	40
	1809	770		2809	385
	1810	770		2810	385
	1801	770		2801	385
	1802	900		1802	900
	Other fee (specify) _____				

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$950)

SUBMITTED BY

Name (Print/Type)	Eugenia Garrett-Wackowski	Registration No. (Attorney/Agent)	37,330	Telephone	925-472-5000
Signature				Date	8/27/04

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1713
JFW

PATENT
Attorney Docket No.: 004906-013844

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Aslam A. Malik *et al.*

Application No.: 09/520,476

Filed: March 8, 2000

For: FLUORINATED
POLYURETHANE ELASTOMERS
PREPARED FROM POLYETHER
PREPOLYMERS FORMED FROM
MONO-SUBSTITUTED
FLUORINATED OXETANE
MONOMERS AND
TETRAHYDROFURAN

Customer No.: 20350

Confirmation No. 2209

Examiner: Marie L. Reddick

Technology Center/Art Unit: 1713

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed February 27, 2004, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.